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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/540,997			ing Date 28/2005	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR	N	UMBER FI	.ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		l	N/A	
TO' (37	TAL CLAIMS CFR 1.16(i))		minus 20 = *			l	x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 = *			1	x s =		1	X S =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	05/31/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 3	Minus	20	= 0		X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	· 2	Minus	3	- 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		GLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		=	ı	X \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))	,	Minus	***	-	l	X \$ =		OR	x s =	
Π̈́	Application Size Fee (37 CFR 1.16(s))					ı			l		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "O' in column 3. If the "Highest Number Previously Paid For' IN THIS SPACE is less than 2, enter "20". If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For' (I colar or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For' (I colar or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP process) an application. Confidentiality is governed by 35 US. of 122 and 37 CFR 1.14. This collection is estimated to beta 21 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supposetions for reducing this burdon, should be sent to the Chief Information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Box 1496, Alexandria, VA 2231-0. Box 150, DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, VA 2231-3. Box 150, DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, VA 2231-3. Box 150, DOX NOT SEND FEES OR COMPLETED FORMS TO THIS